PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10765516					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR	OTHER		
TO	OTAL CLAIMS	3	03					RATE	FEE	7 ·	RATE	FEE	
FC	)A		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	23 minus 20=		• 3			X\$ 9=		OR	X\$18=	521	
INE	EPENDENT C	LAIMS	9 m	inus 3 =	*			X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	IESENT					4.45	1	1	200		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	+145=	<u> </u>	OR	+290=	<i>CO</i> :-	
							•	TOTAL	<u> </u>	OR	TOTAL	824	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	3-U.S.	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 23	Minus	2	3	=-0		X\$ 9=		OR	X\$18=		
	Ind pendent	1.2	Minus	=		-0		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OR/	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2) ·	(Column 3)		DUII. FEE	<u> </u>		ADD:1. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₩Q7	Total	•	Minus	Re		•		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	n drak				X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
									•	OR .	TOTAL		
		A	DDIT. FEE		,	ADDIT. FEE							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT - EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .	Г	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	ı	X43=			X86≖		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		<del></del> -	
• н	the entry in colu	L	+145= TOTAL		OR	+290=							
an \$1	* If the entry in column 1 is less than thntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I so than 3, enter "3."								·	OR ,	TOTAL DDIT. FEE		
. 1	he *Highest Num	ber Previously Paid	i For (Total or	Independer	ut) is thi	highest number	toun	d in the ap	pr priate box	in col	mn 1.		

Application or Docket Number